

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09808243

FILING DATE

03-14-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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50						
TOTAL IND.	/					
TOTAL DEP.	17					
TOTAL CLAIMS	18					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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83	<b>BEST AVAILABLE COPY</b>					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						